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Application Number	09/665634
Filing Date	09/19/2000
First Named Inventor	Shaw, Thomas J.
Title	Cap Operated Retractable Medical Device
Art Unit	
Examiner Name	
Attorney Docket Number	575329-74019

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

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Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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